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vork Reduction Act 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Pa Complete if Known 208/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 10/800,777 FEE TRANSMITTAL Filing Date March 16, 2004 For FY 2005 DAIZO FUKUZAWA ET AL. First Named Inventor **Examiner Name** Christopher W. Fulton Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2859 03500.018007 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 0.00METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order None Credit Card Check X 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee(\$) Fee(\$) Fee(\$) Application Type Fee (\$) Fee (\$) 150 500 250 200 100 Utility 300 100 100 50 130 65 Design 200 80 Plant 200 100 300 150 160 300 150 500 250 600 300 Reissue 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) - 20 or HP = Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) __ (round up to a whole number) x - 100 = / 50 = Fees Paid (\$) 4. OTHER FEE(S) \$130 fee (no small entity discount) Non-English Specification, Other:

SUBMITTED BY	1/1//		
Signature	1/100	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
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